

shipping June 6

# Work Order ID 145059

\*145059\*

Page 1

Monday, May 02, 2016 3:50:00 PM

Item ID: D145-762-013 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: Skidtube with Standard Wearplates Fits LH or RH

Start Date: 5/30/2016 Start Qty: 1.00 \*1\*

Required Date: 6/6/2016 Req'd Qty: 1.00 \*1\*

Reference: Cust Item ID: Customer:

Approvals: Process Plan: dem Date: 16/05/03 Tooling: Date: Run Start \*NR1\*

QC: Date: SPC (Y/N): Date: Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| IIN-D117-762 | E            |

100 DOCUMENT CONTROL 0.03 DAS MAY 19 2016

\*100\*

DC Memo 0.00 DAS 28 9-89

Doc.Control -USB or Paperwork Photocopy bluefile & type labels per PPP D145-762-013 CHG005 10-5-01

110 Pick Kit 0.00

\*110\*

Packaging Memo 0.00 DAS 27 9-89 MAY 19 2016

Packaging

120 QC4- 100% Inspect kits for completeness 0.03

\*120\*

QC Memo 0.03 DAS 28 9-89

Quality Control

|                                           |  |                |  |
|-------------------------------------------|--|----------------|--|
| <b>DART</b>                               |  | PATENT         |  |
| US #5735484 / CA #2222184 / EURO #0828655 |  | CHG            |  |
| D145-762-043                              |  | SIC            |  |
| Replacement STD Skidtube                  |  | SIC            |  |
| B146555                                   |  | SIC            |  |
| BK117 C2                                  |  | SIC            |  |
| TC APPROVAL #09-89                        |  | MADE IN CANADA |  |

DAS 28 9-89

MAY 19 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QS1042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

**Work Order ID 145059**

Monday, May 02, 2016 3:50:00 PM

**\*145059\***

Page 2

Item ID: D145-762-013

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Skidtube with Standard Wearplates Fits LH or RH

Start Date: 5/30/2016 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 6/6/2016 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

130

0.00

**\*130\***

Packaging

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D145-762-013

Location: \_\_\_\_\_

Sole

DAS  
27  
9-69

MAY 19 2016

140

QC21- Final Inspection - Work Order Release

0.10

**\*140\***

QC

Memo

0.10

Quality Control

CHG004

16/5/19

8/6/5/19/

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                       | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |  |                                                                                                                                                     |  |                       |  |                      |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  |          |  |                        |  |                                   |  |                    |  |                   |          |                          |  |                 |  |       |  |               |  |                 |  |            |                    |                          |  |                  |  |          |  |             |  |         |  |         |                  |                          |  |         |  |            |  |               |  |            |  |        |     |                          |  |                     |  |                    |  |                                 |  |              |  |         |            |                          |  |                     |  |               |  |             |  |                       |  |                  |                  |                          |  |                       |  |               |  |  |  |  |  |  |               |                          |  |          |  |
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--|--|----------|--|------------------------|--|-----------------------------------|--|--------------------|--|-------------------|----------|--------------------------|--|-----------------|--|-------|--|---------------|--|-----------------|--|------------|--------------------|--------------------------|--|------------------|--|----------|--|-------------|--|---------|--|---------|------------------|--------------------------|--|---------|--|------------|--|---------------|--|------------|--|--------|-----|--------------------------|--|---------------------|--|--------------------|--|---------------------------------|--|--------------|--|---------|------------|--------------------------|--|---------------------|--|---------------|--|-------------|--|-----------------------|--|------------------|------------------|--------------------------|--|-----------------------|--|---------------|--|--|--|--|--|--|---------------|--------------------------|--|----------|--|
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Step #:                                                                                                                                                                            |                       | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |  | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |                       |  |                      |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="5" style="text-align: left;">FAULT CATEGORY</th> </tr> <tr> <td style="width:10%;">Environment</td><td><input type="checkbox"/></td> <td style="width:10%;"></td><td style="width:10%;">No Re-verification</td> <td style="width:10%;"></td> <td style="width:10%;">Pressure/Forced</td> <td style="width:10%;"></td> <td style="width:10%;">Temperature/Cure</td> <td style="width:10%;"></td> <td style="width:10%;">Power Loss/Surge</td> <td style="width:10%;"></td> <td style="width:10%;">Positioned Wrong</td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td></td><td>Operator</td><td></td> <td>Bending</td><td></td> <td>Set-up</td><td></td> <td>Folio/Program</td><td></td> <td>Outside Dimensions</td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td></td><td>Offset/Setup</td><td></td> <td>Centre Not Concentric</td><td></td> <td>BOM/Route</td><td></td> <td>Grain</td><td></td> <td>Over/Under tolerance</td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td></td><td>Supplier</td><td></td> <td>Cracks</td><td></td> <td>Broken/Damage/Defect</td><td></td> <td>Weld</td><td></td> <td>Part Incorrect</td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td></td><td>Training</td><td></td> <td>Crimp/Kink/Ripple/Wave</td><td></td> <td>Inspection Incomplete/Unqualified</td><td></td> <td>Wrong Stock Pulled</td><td></td> <td>Part Lost/Missing</td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td></td><td>Use for Testing</td><td></td> <td>Cuffs</td><td></td> <td>Contamination</td><td></td> <td>Out of Sequence</td><td></td> <td>Part Moved</td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td></td><td>Poor Information</td><td></td> <td>Crushing</td><td></td> <td>Countersink</td><td></td> <td>Off-set</td><td></td> <td>Drawing</td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td></td><td>Rushing</td><td></td> <td>Heat Treat</td><td></td> <td>Cut Too Short</td><td></td> <td>Mislabeled</td><td></td> <td>Finish</td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td></td><td>Product Improvement</td><td></td> <td>Wave/Twist in Tube</td><td></td> <td>Instructions Incomplete/Unclear</td><td></td> <td>Fit/Function</td><td></td> <td>Misread</td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td></td><td>Process Improvement</td><td></td> <td>Marks/Chatter</td><td></td> <td>Drill Holes</td><td></td> <td>Misaligned/off center</td><td></td> <td>Turning Sequence</td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td></td><td>Manufacturing Process</td><td></td> <td colspan="7" rowspan="2" style="text-align: center; vertical-align: top;">           OTHER : _____         </td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td></td><td>Past Due</td><td></td> </tr> </table> |                          |                                                                                                                                                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |  |                                                                                                                                                     |  | Root Cause            |  |                      |  | FAULT CATEGORY |  |  |  |  | Environment | <input type="checkbox"/> |  | No Re-verification |  | Pressure/Forced |  | Temperature/Cure |  | Power Loss/Surge |  | Positioned Wrong | Design | <input type="checkbox"/> |  | Operator |  | Bending |  | Set-up |  | Folio/Program |  | Outside Dimensions | Doc/Data | <input type="checkbox"/> |  | Offset/Setup |  | Centre Not Concentric |  | BOM/Route |  | Grain |  | Over/Under tolerance | Equip/Tooling | <input type="checkbox"/> |  | Supplier |  | Cracks |  | Broken/Damage/Defect |  | Weld |  | Part Incorrect | Handling/Pre | <input type="checkbox"/> |  | Training |  | Crimp/Kink/Ripple/Wave |  | Inspection Incomplete/Unqualified |  | Wrong Stock Pulled |  | Part Lost/Missing | Material | <input type="checkbox"/> |  | Use for Testing |  | Cuffs |  | Contamination |  | Out of Sequence |  | Part Moved | Internal Transport | <input type="checkbox"/> |  | Poor Information |  | Crushing |  | Countersink |  | Off-set |  | Drawing | Tribal Knowledge | <input type="checkbox"/> |  | Rushing |  | Heat Treat |  | Cut Too Short |  | Mislabeled |  | Finish | LOA | <input type="checkbox"/> |  | Product Improvement |  | Wave/Twist in Tube |  | Instructions Incomplete/Unclear |  | Fit/Function |  | Misread | Substation | <input type="checkbox"/> |  | Process Improvement |  | Marks/Chatter |  | Drill Holes |  | Misaligned/off center |  | Turning Sequence | Past Expiry Date | <input type="checkbox"/> |  | Manufacturing Process |  | OTHER : _____ |  |  |  |  |  |  | Misidentified | <input type="checkbox"/> |  | Past Due |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                                                                                    | Operator              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bending                |  | Set-up                                                                                                                                              |  | Folio/Program         |  | Outside Dimensions   |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                                                   | Centre Not Concentric  |  | BOM/Route                                                                                                                                           |  | Grain                 |  | Over/Under tolerance |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                    | Supplier              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cracks                 |  | Broken/Damage/Defect                                                                                                                                |  | Weld                  |  | Part Incorrect       |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |                                                                                                                                                                                    | Training              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Crimp/Kink/Ripple/Wave |  | Inspection Incomplete/Unqualified                                                                                                                   |  | Wrong Stock Pulled    |  | Part Lost/Missing    |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |                                                                                                                                                                                    | Use for Testing       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cuffs                  |  | Contamination                                                                                                                                       |  | Out of Sequence       |  | Part Moved           |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |                                                                                                                                                                                    | Poor Information      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Crushing               |  | Countersink                                                                                                                                         |  | Off-set               |  | Drawing              |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |                                                                                                                                                                                    | Rushing               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Heat Treat             |  | Cut Too Short                                                                                                                                       |  | Mislabeled            |  | Finish               |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                    | Product Improvement   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Wave/Twist in Tube     |  | Instructions Incomplete/Unclear                                                                                                                     |  | Fit/Function          |  | Misread              |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                   | Marks/Chatter          |  | Drill Holes                                                                                                                                         |  | Misaligned/off center |  | Turning Sequence     |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                   | OTHER : _____          |  |                                                                                                                                                     |  |                       |  |                      |  |                |  |  |  |  |             |                          |  |                    |  |                 |  |                  |  |                  |  |                  |        |                          |  |          |  |         |  |        |  |               |  |                    |          |                          |  |              |  |                       |  |           |  |       |  |                      |               |                          |  |          |  |        |  |                      |  |      |  |                |              |                          |  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| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                    | Past Due              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|          |  |                        |  |                                   |  |                    |  |                   |          |                          |  |                 |  |       |  |               |  |                 |  |            |                    |                          |  |                  |  |          |  |             |  |         |  |         |                  |                          |  |         |  |            |  |               |  |            |  |        |     |                          |  |                     |  |                    |  |                                 |  |              |  |         |            |                          |  |                     |  |               |  |             |  |                       |  |                  |                  |                          |  |                       |  |               |  |  |  |  |  |  |               |                          |  |          |  |

# Picklist Print

Monday, May 02, 2016 3:50:09 PM

Page 1

Work Order ID: 145059

**\*145059\***

Parent Item: D145-762-013

**\*D145-762-013\***

Parent Item Name: Skidtube with Standard Wearplates Fits LH or RH

Start Date: 5/30/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 13.04.24 NEW ISSUE DD VERF:JLM IPP REV:B  
13.11.14 AS PER IIN REV.C DD VERF:JLM IPP REV:C 14.11.24 as  
per ecn14-654/chg003 DD VERF:JLM IPP REV:D 15.06.11 IIN REV.D  
DD VERF:JLM IPP REV:E 16.02.05 IIN REV.E (ecn16-514)  
DD VERF:JLM

| Component Item ID/<br>Item Name                            | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status |
|------------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|--------|
| D145-762-043                                               |                        | Manufactured  | No          |                     |                  | 110             | Each               | 2.0000         | 1           | 1               |               |                |        |
| <b>*D145-762-043*</b>                                      |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| Replacement Std Skidtube                                   |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                                            |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                            |                        |               |             | FG081               |                  |                 |                    | 2              |             |                 |               |                |        |
|                                                            |                        |               |             | 135004              |                  |                 |                    | 1              |             |                 |               |                |        |
|                                                            |                        |               |             | 135005              |                  |                 |                    | 1              |             |                 |               |                |        |
| D145-762-053                                               |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1               |               |                |        |
| <b>*D145-762-053*</b>                                      |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| Replacement Wearplates for Standard Skidtubes Fit LH or RH |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
| AN6C52A                                                    |                        | Purchased     | No          |                     |                  | 110             | Each               | 47.0000        | 2           | 2               |               |                |        |
| <b>*AN6C52A*</b>                                           |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| BOLT                                                       |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                                            |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                            |                        |               |             | ST333               |                  |                 |                    | 47             |             |                 |               |                |        |
|                                                            |                        |               |             | m134535             |                  |                 |                    | 47             |             |                 |               |                |        |
| D5300-1                                                    |                        | Manufactured  | No          |                     |                  | 110             | Each               | 30.0000        | 2           | 2               |               |                |        |
| <b>*D5300-1*</b>                                           |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| GHL Bushing                                                |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                                            |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                            |                        |               |             | ST162               |                  |                 |                    | 30             |             |                 |               |                |        |
|                                                            |                        |               |             | 141838              |                  |                 |                    | 30             |             |                 |               |                |        |

MAY 19 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                              |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QS1042) Approval                        |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Completed By                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor Approval Verification |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator Approval                 |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |

# Picklist Print

Page 2

Monday, May 02, 2016 3:50:09 PM

Work Order ID: 145059

**\*145059\***

Parent Item: D145-762-013

**\*D145-762-013\***

Parent Item Name: Skidtube with Standard Wearplates Fits LH or RH

Start Date: 5/30/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

D5301-1 Manufactured No

110 Each 30.0000 1 1

**\*D5301-1\***

GHL Plug

DAS  
28  
9-89

16-5-19

\*\*

DAS  
6  
9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST162

30

141839

30

MS21043-6 Purchased No

110 Each 75.0000 2 2

**\*MS21043-6\*A**

NUT

DAS  
28  
9-89

16-5-19

\*\*

Location

Loc Qty

Loc Code

FG

20

103693

20

FP001

29

m134365

29

ST302

26

m134557

26

DAS  
27  
9-89

MAY 19 2016

Monday, May 02, 2016 3:50:09 PM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | MRB (QS1042) Approval                                                                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Positioned Wrong     |  |  |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Outside Dimensions   |  |  |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Over/Under tolerance |  |  |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Incorrect       |  |  |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Lost/Missing    |  |  |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved           |  |  |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Drawing              |  |  |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Finish               |  |  |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Misread              |  |  |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turning Sequence     |  |  |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                    |  |